BULLYING AND VICTIMIZATION OF CHILDREN WITH COMMUNICATION DISORDER IN PUBLIC SCHOOLS OF PORTHARCOURT LOCAL GOVERNMENT AREA RIVERS STATE

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Article Info

Abstract

This study investigated bullying and victimization of children with communication disorder in public primary schools in Port Harcourt Local Government Area of Rivers State. The study was guided by four objectives, four research questions and four hypotheses. A descriptive survey design was used to carry out the study. The population of this study consisted of 15,165 pupils from forty-one (41) public primary schools in the study area. The sample of the study consists of 186 pupils selected from ten (10) public primary schools, through a purposive sampling technique. A researcher designed questionnaire tagged; Communication Disorder Bullying Victims Questionnaire (CDBVQ) was used for the data collection for the study. Frequency, percentage and mean statistics were used to answer the research questions while the hypotheses were tested using chi-square at 0.05 level of significance. Findings from this study showed that the extent of the prevalence of bullying and victimization among young children with communication disorder in public primary schools is significant, the nature of bullying and victimization among young children with communication disorder in public primary schools is significant, the risk factors of bullying and victimization among young children with communication disorder in public primary schools are significant, there is significant influence of gender on the prevalence of bullying and victimization among children with communication disorder. Based on the findings of the study, it was recommended amongst others that schools administrators need to be vigilant in identifying lower levels of bullying and victimization that may still have detrimental effects on children with communication disorder.

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Introduction

Education is essential for the construction of viable economies and societies with outstanding democratic credentials. According to Wosu, Iwundu and Ubani (2016) any society without education obviously goes into extinction. Societies and its development efforts are remembered today by reason of educational system handed down from generation to generation. Furthermore, they defined education as a process whereby societies transmit acceptable values, skills, attitudes, knowledge etc to the young ones from generation to generation towards achieving quality life for the person in particular and the society. School is the place where children spend considerable time of the day by learning, performing activities and experimenting new things along with their peers. Good support from fellow pupils may enhance subjective well-being at school and reduce stress. On the other hand, experiences of being bullied or excluded from the activities might have an adverse effect.

Children are gift from God; however, some children with communication disorder are those who in course of their growth develop mental health problems which affected their ability to communicate effectively. Some of the symptoms of communication disorder include; not speaking at all, having limited word choice, and have trouble with grasping simple directions or naming objects. Difficulties with expressing views and feelings or problems in negotiating social situations, for example, may increase the risk of being bullied. Such problems are characteristic of children with specific communication disorder and may make them particularly vulnerable. These children have language difficulties in the absence of intellectual, sensory or neurological impairment and have a level of language functioning below that of their non-verbal cognitive ability.

According to Olweus (2011) a person is being bullied and victimized when he or she is exposed repeatedly over time, to negative actions on the part of one or more persons. Bullying is viewed as a subtype of aggressive behaviour characterised by the intentional and repeated harm of a victim who is physically or psychologically weaker than the aggressor. Bullying behaviour constitutes a spectrum of actions including physical aggression (e.g. hitting, pushing over), verbal aggression (e.g. name calling, racist remarks) and relational harassment involving social manipulation and exclusion and the spreading of unpleasant rumours. It is obvious that bullying and victimization is a significant problem in Nigerian society, more especially in the educational system. Prevalence rates have varied substantially between studies, because of different operational definitions or instruments, or age of sample but the general trend is that victimization decreases with age (Pellegrini & Long, 2002). It has been proposed that this decline results from young people developing a range of coping skills as they get older, including ignoring the bullying, retaliating and improving their negotiating skills to avoid conflicts or defuse potentially negative situations (Camodeca & Goossens, 2005). Negative effects have been reported on the development of self-esteem in the victims of bullying and victimization (O'Moore & Kirkham, 2011) and on their concentration and learning (Sharp & Smith, 2014). Children who are bullied are at risk of mental health problems including depression and increased anxiety (Juvonen , 2013) and have poorer social skills with fewer friends (Fox & Boulton, 2015). In the long term, some children continue to present low self-esteem and depression or even commit suicide (Seals & Young, 2013). However, based on the foregoing, this study intends to examine the cases of bullying and victimization of children within age 5-12 years, with communication disorder in public primary schools in Port Harcourt Local Government Area of Rivers State.

Objectives of the Study

The aim of this study was to examine bullying and victimization of children with communication disorder in public primary schools in Port Harcourt Local Government Area of Rivers State. The specific objectives of the study were to:

1. Investigate the prevalence of bullying and victimization among pupils with communication disorder in public primary schools in Port Harcourt Local Government Area.
2. Examine the nature of bullying and victimization among pupils with communication disorder in public primary schools in Port Harcourt Local Government Area
3. Determine the risk factors of bullying and victimization among pupils with communication disorder in public primary schools in Port Harcourt Local Government Area.
4. Examine the influence of gender on the prevalence of bullying and victimization among children with communication disorder.

Research Questions

The following research questions guided this study:

1. To what extent is the prevalence of bullying and victimization among pupils with communication disorder in public primary schools in Port Harcourt Local Government Area?
2. What is the nature of bullying and victimizations among pupils with communication disorder in public primary schools in Port Harcourt Local Government Area?
3. What are the risk factors of bullying and victimization among pupils with communication disorder in public primary schools in Port Harcourt Local Government Area?
4. To what extent does gender influence the prevalence of bullying and victimization among children with communication disorder?

Hypotheses

The following formulated hypotheses guided the study:

H$_{O1}$: There is no significant difference in the prevalence of bullying and victimization among male and female pupils with communication disorder in public primary schools in Port Harcourt Local Government Area.

H$_{O2}$: There is no significant difference in the nature of bullying and victimizations as perceived by male and female pupils with communication disorder in public primary schools in Port Harcourt Local Government Area.

H$_{O3}$: There is no significant difference in the risk factors of bullying and victimization as perceived by male and female pupils with communication disorder in public primary schools in Port Harcourt Local Government Area.

Literature Review

This chapter reviews previous and related studies under the following subheadings: theoretical framework, conceptual framework, empirical review, and summary.

Theoretical Framework

This study is anchored on two theories, they include;

Social Dominance Theory

The social dominance theory was propounded by psychology Jim Sidanius and Felicia Pratto in 1999. The theory states that all societies consist of group based social hierarchies that are based on gender (e.g., males have more power than females), age (e.g., adults have more power than children), and an arbitrary-set system (e.g., socially significant group differences such as ethnicity or social class that create hierarchies; Sidanius & Pratto, 1999). These group-based social hierarchies are formed through the mechanisms of oppression, discrimination, and injustice.

Dominant groups oppress less-powerful groups to form a hierarchy with one or a few dominant groups at the top while subordinate groups are forced to the bottom. The desire for power and dominance is a central motivating factor that fuels bullying behavior and bullies use intimidation and humiliation as a means of obtaining power.

Social Dominance theory (SDT; Sidanius & Pratto, 1999) and dominance theory (Long & Pellegrini, 2003) provide insight into the bullying dynamic. Both theories indicate that youth bully one another in their attempts to gain group and individual-levels of social dominance, and then maintain their social status through ongoing bullying. In other words, bullying perpetration is used as means of establishing and maintaining dominance. Bullying is a group process and the peer group dictates whether a bully can establish dominance (Salmivalli, 2010). For example, if classmates respect and support the bully, the bully gains dominance and social power within the classroom. Further, if the bully becomes the leader of a clique of admiring followers, the clique members might experience heightened power within the classroom based on their membership in a group led by a powerful, respected individual. To maintain social dominance, this group would use on-going bullying as a means of oppressing less powerful members of the class. Indeed, children who desire dominance act aggressively and bully others to gain social status (Long & Pellegrini, 2003). Both individual- and group-based social hierarchies form because of relational aggression. Charismatic girls who are adept at manipulating others are more likely to successfully use strategies of relational aggression to garner respect, popularity, and social status for themselves. If other girls follow the perpetrator and form a group or clique, a group-based social hierarchy forms because the group shares social dominance and the members of this group would be accorded social power. If individuals join a group to affiliate with the group's social status, they are often pressured to take on characteristics of that group, promoting homogeneity. If bullying or relational aggression is a tool of that group, new members would likely become quickly socialized to the use of bullying tactics. Indeed, after this socialization process, a group member may be reluctant to leave the group because leaving may dramatically heighten the risk of becoming the group's next victim.

Psychoanalytic Theory

Sigmund Freud theorized that the developmental stages of infancy and early childhood chart human lives in ways that are difficult to change (Encyclopedia of Psychology, 2005). Freud's psychoanalytic theory demonstrates the idea that aggression is an innate personality characteristic common to all humans and that behaviour is motivated by certain drives. According to the Freudians, abnormal behaviour results from various dysfunctions. This includes faulty ego (in which the individual has problem with learning from experience, coping with frustration and insecurity and assessing social reality). Faulty or inadequate superego (in which the individual does not feel remorse or wrong doing), deviant superego (where the individual has failed to internalize conventional standards of conduct and sees nothing bad in his behaviour) and undeveloped or restraining Id (in which the individual allows free outlets for aggressive and sexual drives instead of restraining it by the ego or superego). These imbalances may lead to development of criminal behaviour (conduct disorder) or mental illness (Osinowo, 2005).

Freud believed that most adult neuroses could be attributed to a fixation developed during one of these stages of early life. The psychosexual stages of development are: Oral, Anal, Phallic, Latency and Genital. According to Freud, there is a crisis which must be worked through at each stage. If the crisis is not properly worked out, the person could become fixated at that stage of development (Woolfolk, 2010). Fixations are seen in adulthood as child-like approaches to gratifying the basic impulses of the Id. At the oral stage for instance, a child could either be orally aggressive (chewing gum and the ends of pencils, etc) or orally passive (expressed in smoking, eating, kissing, or oral sexual practices). Adolescent behavioural/conduct disorder (bullying, victimization, aggression, hostility, early sexual activity, disorderliness, rebelliousness or defiance, among others) can evolve from fixation at any of the psychosexual stages of development. Defense mechanisms are psychological strategies in psychoanalytic theory which reveals the role on the unconscious mind to manipulate, deny, or even

distort reality. Healthy persons normally use different defenses throughout life (Altruism, anticipation, humour, sublimation, thought suppression, introjections, and identification). An ego defense mechanism becomes pathological only when its persistent use leads to maladaptive behaviour such that the physical and or mental health of the individual is adversely affected. Displacement and Rationalization (making excuses) are examples of defense mechanism that can be found in the adolescent with conduct disorder.

Displacement is the shift of sexual or aggressive impulses to a more acceptable or less threatening target; redirecting of emotion to a safer outlet; separation of emotion from its real object and redirection of the intense emotion toward someone or something that is less offensive or threatening in order to avoid dealing directly with what is frightening or threatening. An adolescent that experiences frequent abuse physical or otherwise from parent or caregiver may express such behaviour to his mate or junior colleague and this act will be tagged conduct disorder after consistent repetition.

Conceptual Framework

This section reviews the key concepts used in the study under the following subheadings:

Concept of Bullying, Concept of Victimization, Concept Communication Disorder, Types of Bullying, Roles of Bullying, Characteristics of Bullies, Characteristics of victims, Characteristics of Bully-Victims, Outcomes Associated with Bullying, Bullying in the Educational System, and Teacher and School Attitudes toward Bullying etc.
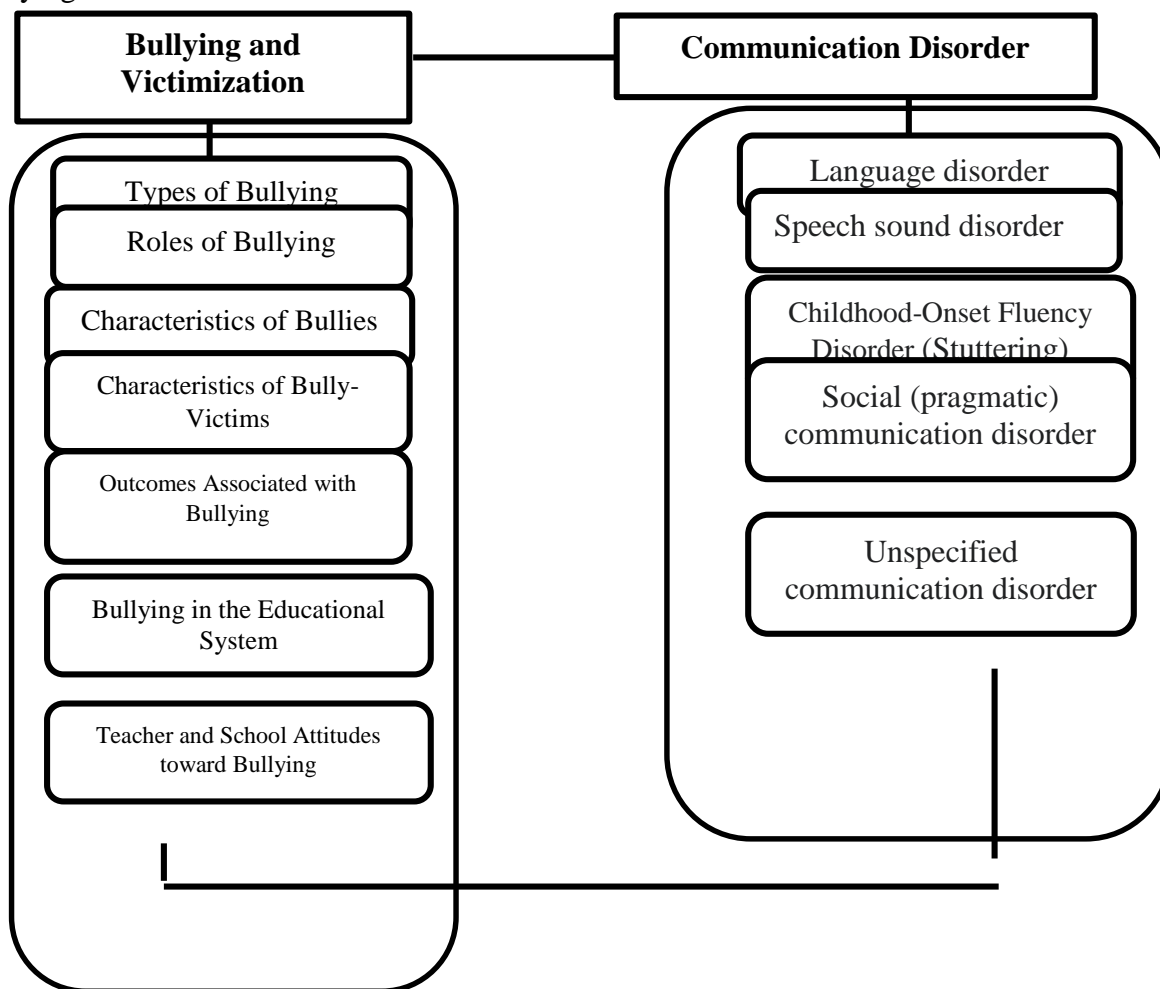
Figure 2.1:   Conceptual Framework of the Relationship between Bullying and
        Victimization of Children with Communication Disorder in Public Schools of   Port
Harcourt Local Government Area, Rivers State.

Sources: Adapted from (American Psychiatric Association, 2013) and (American
        Psychiatric Association, 2013; Lee & Gibbon, 2015).

Concept of Bullying

Bullying, as defined by Olweus (2003), the original pioneer of bullying research in Scandinavia in the 1970s refers to repeated exposure to negative actions by one or more other pupils. This behavior is accompanied by an aggressive component, in which the bully intentionally inflicts injury or discomfort on another individual. Bullying often includes an inherent imbalance of power or an asymmetrical power relationship, implying the individuals being exposed to the aggressive behavior struggle with defending themselves. Many times, the aggressive component of bullying is proactive, meaning it often is predatory, done simply to display the bully's power, and occurs without any perception of threat from the victim (Olweus, 2003). These behaviors are generally consistent, lasting for at least a year or more. It has been suggested that the intentional and unprovoked nature of bullying, aiming to cause pain and distress to another human being can even be classified as a form of abuse.

Many definitions of bullying that have been used in research are based on Olweus' early definition, which stated that; a student is being bullied or victimised when he or she is exposed, repeatedly and over time, to negative actions on the part of one or more other students (Olweus, 2003). This is not the full extent of the definition, however, as Olweus explains how "negative actions" imply deliberate harm that may be verbal (e.g. name calling) and relational (e.g. social exclusion) as well as physical hitting). He stresses that bullying can refer to a single instance in certain circumstances, even though repeated occurrences are more common. He also states that there needs to be a power imbalance and that the victim will have difficulties in defending him/herself. Bullying comes under the umbrella term of aggression (Griffin & Gross, 2004), which is represented by a large body of research. In its broadest sense, there have been difficulties defining aggression, but one relatively concise and clear definition proposes that: "human aggression is any behaviour directed towards another individual that is carried out with the proximate (immediate) intent to cause harm … accidental harm is not aggressive because it is not intended" (Anderson & Bushman, 2002).

Although bullying is a problem that has most likely existed throughout time, studies of its effects and implications have increased relatively recently (Olweus, 2003). According to Olweus, an often-cited expert in the field of bullying, efforts for studying bullying began in the 1970s with a focus on schools in Scandinavia. Norway followed suit in 1982, when the suicide of three 14- year-old boys due to severe harassment from classmates sparked the Ministry of Education to implement prevention programs against bullying in every primary and secondary school (Espelage & Swearer, 2003). Bullying of schoolchildren gained increased attention in the United States in the 1980s and early 1990s (Olweus, 2003). Many definitions of bullying have been established over these years of research, but Olweus' (2007; p.496) definition is the most widely cited and well-known. Olweus defined bullying as having three characteristics: (1) It is aggressive behavior or intentional "harmdoing"; (2) it is carried out repeatedly and over time; and (3) it is done in an interpersonal relationship characterized by an imbalance of power.

Research into peer aggression contains a number of subcategories (Griffin & Gross, 2004), with bullying thought to be part of proactive aggression, as it is unprovoked by the victim but may satisfy certain goals on the part of the aggressor from a social learning perspective. Reactive aggression, on the other hand, with its

theoretical underpinnings in the frustration-aggression model, is considered to be a defensive reaction to a perceived threat (ibid.) and may predict aggressive victimisation (Pellegrini & Bartini, 2000). Olweus (2003) describes the relationship between bullying, violence and aggression. He demonstrates clearly how bullying can be seen as a sub-category of aggression but cannot be treated synonymously with violence, as the majority of it occurs without a physical element. Therefore, bullying may be seen as subsumed within peer aggression, while occupying its own distinct position within the field; and one which has attracted increasing interest over the past 50 years.

Nevertheless, absolute consensus is far from being reached. For example, teachers and pupils in some secondary schools failed to identify either power imbalance or intent to be prerequisites for bullying (Naylor, Cowie, Cossin, de Bettencourt, & Lemme, 2006). Furthermore, as early as 1993, it was suggested that some teachers do not feel that repetition is necessary (Guerin & Hennessy, 2002; Siann, CallaghTan, Lockhart, & Rawson, 1993), and Land (2003) found that over half of secondary students, when asked to define bullying, did not include repetition. There have also been discussions over intentionality: specifically, if a bully's intended outcome is not acknowledged by the chosen victim, or alternatively if behaviour not intended as bullying is misinterpreted as such by a child, can it be deemed to be bullying (Greif & Furlong, 2006)? There have been concerns that three factors cannot encompass the full extent of bullying behaviour, with claims that a further two features are necessary: that it takes place within a social setting with peers present (Griffin & Gross, 2004), and that it is unprovoked. The social aspect is seen frequently in the context of school bullying, with many acknowledging the importance of the environment in which it takes place. Nonetheless, a lack of provocation has been challenged by researchers who argue that there are not just victims of bullying, but another under-researched group known as aggressive victims, provocative victims, or more commonly bully-victims.

Concept of Communication Disorder

A communication disorder is any disorder that affects an individual's ability to comprehend, detect, or apply language and speech to engage in discourse effectively with others (Collins, 2011). The delays and disorders can range from simple sound substitution to the inability to understand or use one's native language (Gleason, 2001).

Gleanson (2001) defines a communication disorder as a speech and language disorder, which refers to problems in communication and in related areas such as oral motor function. The delays and disorders can range from simple sound substitution to the inability to understand or use one's native language. In general, communication disorders commonly refer to problems in speech (comprehension and/or expression) that significantly interfere with an individual's achievement and/or quality of life. Knowing the operational definition of the agency performing an assessment or giving a diagnosis may help. Persons who speak more than one language or are considered to have an accent in their location of residence do not have a speech disorder if they are speaking in a manner consistent with their home environment or that is a blending of their home and foreign environment. According to the DSM-IV-TR, communication disorders are usually first diagnosed in childhood or adolescence, though they are not limited as childhood disorders and may persist into adulthood (Banai, 2010). They may also occur with other disorders.

Diagnosis involves testing and evaluation during which it is determined if the scores/performance are "substantially below" developmental expectations and if they "significantly" interfere with academic achievement, social interactions, and daily living. This assessment may also determine if the characteristic is deviant or delayed. Therefore, it may be possible for an individual to have communication challenges but not meet the criteria of being "substantially below" criteria of the DSM IV-TR. The DSM diagnoses do not

comprise a complete list of all communication disorders, for example, auditory processing disorder is not classified under the DSM or ICD-10 (Banai, 2010). The following diagnoses are included as communication disorders:

i. Expressive language disorder – characterized by difficulty expressing oneself beyond simple sentences and a limited vocabulary. Individuals can better understand than use language; they may have a lot to say, but have more difficulty organizing and retrieving the words than expected for their developmental stage (Morales, 2013).

ii. Mixed receptive-expressive language disorder – problems comprehending the commands of others.

iii. Stuttering – a speech disorder characterized by a break in fluency, where sounds, syllables, or words may be repeated or prolonged (Morales, 2013).

iv. Phonological disorder – a speech sound disorder characterized by problems in making patterns of sound errors (e.g., "dat" for "that").

v. Communication disorder NOS (not otherwise specified) – the DSM-IV diagnosis in which disorders that do not meet the specific criteria for the disorder listed above may be classified.

Also, the DSM-5 diagnoses for communication disorders completely rework the ones stated above. The diagnoses are made more general in order to capture the various aspects of communications disorders in a way that emphasizes their childhood onset and differentiate these communications disorders from those associated with other disorders (e.g. autism spectrum disorders) (Fung, & Hardan, 2014).

i. Language disorder – the important characteristics of a language disorder are difficulties in learning and using language, which is caused by problems with vocabulary, with grammar, and with putting sentences together in a proper manner. Problems can both be receptive (understanding language) and expressive (producing language) (American Psychiatric Association, 2013).

ii. Speech sound disorder – previously called phonological disorder, for those with problems with pronunciation and articulation of their native language (American Psychiatric Association, 2013; Lee & Gibbon, 2015).

iii. Childhood-Onset Fluency Disorder (Stuttering) - standard fluency and rhythm of speech is interrupted, often causing the repetition of whole words and syllables (Nolen-Hoeksema, 2014). May also include the prolongation of words and syllables; pauses within a word; and/or the avoidance of pronouncing difficult words and replacing them with easier words that the individual is better able to pronounce (American Psychiatric Association, 2013). This disorder causes many communication problems for the individual and may interfere with social communication and performance in work and/or school settings where communication is essential (American Psychiatric Association, 2013).

iv. Social (pragmatic) communication disorder – this diagnosis described difficulties in the social uses of verbal and nonverbal communication in naturalistic contexts, which affects the development of social relationships and discourse comprehension. The difference between this diagnosis and autism spectrum disorder is that in the latter there is also a restricted or repetitive pattern of behavior (American Psychiatric Association, 2013).

v. Unspecified communication disorder – for those who have symptoms of a communication disorder but who do not meet all criteria, and whose symptoms cause distress or impairment (American Psychiatric Association, 2013).

Methodology

The study adopted the descriptive research design. The population of the study covered 15,165 public schools pupils from forty one (41) public primary schools in Port Harcourt Local Government Area of Rivers State. Since the researcher could not cover all the nineteen public primary schools, the study focused on ten (10)

schools from forty one (41) public primary schools in Port Harcourt Local Government Area of Rivers State. The sample comprised of 200 pupils that were drawn through a purposive sampling technique, since the researcher is only interested in using pupils with communication disorder for the study aged 5-12. Mean score and standard deviation was used to answer the research questions, while the hypotheses were tested using t-test at 0.05 level of significance.

Results and Discussion

The study involved two major variables - namely the predictor variable and criterion variables. The predictor (independent) variable in this study is bullying. The criterion variable (dependent) is bullying and victimization of children which has communication disorder in public primary schools as its measures.

Table 1: Mean score and standard deviation of the prevalence of bullying and victimization among pupils with communication disorder in public primary schools in Port Harcourt Local Government Area.

S/N	Items	n = 186						
		VHE	HE	LE	VLE	Mean	SD	Decision
.1	I am frequently verbally abused because of my situation	122	50	10	4	3.56	0.69	VHE
.2	I most times experience physical abuse from fellow pupils because of my situation	83	82	19	2	3.32	0.7	HE
.3	My friends frequently isolate me because I have speaking disorder	92	68	23	3	3.34	0.75	HE
.4	I am most times not allowed to ask questions in class because of my situation	116	43	11	16	3.39	0.93	HE
.5	I am frequently punished in class when I make grammatical errors.	88	63	27	8	3.24	0.85	HE
	Grand Mean					**3.37**		

(Criterion Mean = 2.5, Mean: 1.0-1.99 = VLE, 2.0-2.49=LE, 2.5-3.49 =HE, 3.5-4.0 = VHE)
Source: SPSS Analysis, 2022.

Table 1 shows the responses of pupils on the prevalence of bullying and victimization among pupils with communication disorder in public primary schools in Port Harcourt Local Government Area. However, majority of the respondents indicated 'Very High Extent' to item 1, with the mean score greater than or equal to the criterion mean (2.5), while just few of the respondents indicated otherwise. Furthermore, majority of the respondents indicated 'High Extent' to items 2-5, with the mean scores greater than or equal to the criterion mean (2.5), while just few of the respondents indicated otherwise. The grand mean of 3.37 indicates that the prevalence of bullying and victimization among young children with communication disorder in public primary schools in Port Harcourt Local Government Area is to a high extent.

Table 2: Mean score and standard deviation of the nature of bullying and victimizations among pupils with communication disorder in public primary schools in Port Harcourt Local Government Area

S/N	Items	n = 186						
		VHE	HE	LE	VLE	Mean	SD	Decision
.6	I am usually called all sort of names (verbal abuse) because of my situation	124	49	8	5	3.57	0.7	VHE
.7	I am physical abused because of my situation	73	73	25	15	3.1	0.91	HE
.8	My friends avoid me (social abuse) because of my situation	44	47	63	32	2.55	1.03	HE
.9	My fellow classmate spread wrong rumours (social abuse) about me because of my situation	89	68	18	11	3.26	0.86	HE
.10	My fellow classmate make fun of me (social abuse) whenever I make misstates in the class	62	69	39	16	2.95	0.94	HE
	Grand Mean					**3.09**		

(Criterion Mean = 2.5, Mean: 1.0-1.99 = VLE, 2.0-2.49=LE, 2.5-3.49 =HE, 3.5-4.0 = VHE)

Source: SPSS Analysis, 2022.

Table 2 shows the responses of pupils on the nature of bullying and victimizations among pupils with communication disorder in public primary schools in Port Harcourt Local Government Area. However, majority of the respondents indicated 'Very High Extent' to item 6, with the mean score greater than or equal to the criterion mean (2.5), while just few of the respondents indicated otherwise. Furthermore, majority of the respondents indicated 'High Extent' to items 7-10, with the mean scores greater than or equal to the criterion mean (2.5), while just few of the respondents indicated otherwise. The grand mean of 3.09 indicates that the nature of bullying and victimizations among young children with communication disorder in public primary schools in Port Harcourt Local Government Area exist to a high extent.

Table 3: Mean score and standard deviation of the risk factors of bullying and victimization among pupils with communication disorder in public primary schools in Port Harcourt Local Government Area

S/N	Items	n = 186						
		VHE	HE	LE	VLE	Mean	SD	Decision
.11	Bully and victimization is capable of causing victims think of *commit suicide*.	89	54	31	12	3.18	0.93	HE
.12	Bully and victimization is capable of causing victims *depression*	82	83	17	4	3.31	0.72	HE
.13	Bully and victimization is capable of causing victims feel *loneliness*	70	63	37	16	3.01	0.96	HE
.14	Bully and victimization is capable of causing victims show *negative attitude*	57	57	37	35	2.73	1.09	HE
.15	Bully and victimization is capable of causing victims show high level of anxiety	68	62	39	17	2.97	0.97	HE
	Grand Mean					**3.04**		

(Criterion Mean = 2.5, Mean: 1.0-1.99 = VLE, 2.0-2.49=LE, 2.5-3.49 =HE, 3.5-4.0 = VHE)

Source: SPSS Analysis, 2022.

Table 3 shows the responses of pupils on the risk factors of bullying and victimization among pupils with communication disorder in public primary schools in Port Harcourt Local Government Area. However, majority of the respondents indicated 'High Extent' to items 11-15, with the mean scores greater than or equal to the criterion mean (2.5), while just few of the respondents indicated otherwise. The grand mean of 3.04 indicates that the risk factors of bullying and victimization among young children with communication disorder in public primary schools in Port Harcourt Local Government Area exist to a high extent.

Table 4: Mean score and standard deviation of the extent to which gender influence the prevalence of bullying and victimization among children with communication disorder

S/N	Items	n = 186						
		VHE	HE	LE	VLE	Mean	SD	Decision
.11	Boys are mostly victims of verbal abuse more than their girls counterparts	35	41	58	52	2.32	1.07	LE
.12	Girls are mostly victims of physical abuse more than their boys counterparts	32	29	64	61	2.17	1.07	LE
.13	Boys are mostly victims of social abuse more than their girls counterparts	36	32	68	55	2.26	1.08	LE
.14	Non-physical bullying is more common than the physical form in both girls and boys	77	53	37	19	3.01	1.01	HE
.15	Girls are more likely to be victims of indirect and relational bullying than physical bullying	104	74	6	2	3.51	0.61	VHE
	Grand Mean					**2.65**		

(Criterion Mean = 2.5, Mean: 1.0-1.99 = VLE, 2.0-2.49=LE, 2.5-3.49 =HE, 3.5-4.0 = VHE)
Source: SPSS Analysis, 2022.

Table 4 shows the responses of pupils on the extent to which gender influence the prevalence of bullying and victimization among children with communication disorder. However, majority of the respondents indicated 'Low Extent' to items 16-18, with the mean scores less than the criterion mean (2.5), while just few of the respondents indicated otherwise. Furthermore, majority of the respondents indicated 'Very High Extent' to item 20, with the mean score greater than or equal to the criterion mean (2.5), while just few of the respondents indicated otherwise, while majority of the respondents indicated 'High Extent' to item 19, with the mean score greater than or equal to the criterion mean (2.5), while just few of the respondents indicated otherwise. The grand mean of 2.65 indicates that gender influence to a high extent the prevalence of bullying and victimization among children with communication disorder in Port Harcourt Local Government Area.

Test of Hypotheses

Hypothesis 1: There is no significant difference in the prevalence of bullying and victimization among male and female pupils with communication disorder in public primary schools in Port Harcourt Local Government Area.

Table 5: Summary of independent t-test analysis on the difference in the prevalence of bullying and victimization among male and female pupils with communication disorder in public primary schools in Port Harcourt Local Government Area

Respondents	n	$\bar{x}$	SD	df	t_{cal}	t_{tab}	Sig.	Decision
Male	97	16.89	2.29	184	0.21	1.96	0.84	Retain: H_{O1}
Female	89	16.82	2.10					

Table 5 indicates that t_{cal} = 0.21, df = 184, and t_{tab} = 1.96. Therefore, since $t_{cal} < t_{tab}$ and P>0.05, then there is no significant difference in the prevalence of bullying and victimization among male and female pupils with communication disorder in public primary schools in Port Harcourt Local Government Area. Hence, the null hypothesis one is retained at 0.05 level of significance.

Hypothesis 2: There is no significant difference in the nature of bullying and victimizations as perceived by male and female pupils with communication disorder in public primary schools in Port Harcourt Local Government Area.

Table 6: Summary of independent t-test analysis on the difference in the nature of bullying and victimizations as perceived by male and female pupils with communication disorder in public primary schools in Port Harcourt Local Government Area

Respondents	n	$\bar{x}$	SD	df	t_{cal}	t_{tab}	Sig.	Decision
Male	97	15.46	2.37	184	0.17	1.96	0.87	Retain: H_{O2}
Female	89	15.40	2.52					

Table 6 indicates that t_{cal} = 0.17, df = 184, and t_{tab} = 1.96. Therefore, since $t_{cal} < t_{tab}$ and P>0.05, then there is no significant difference in the nature of bullying and victimizations as perceived by male and female pupils with communication disorder in public primary schools in Port Harcourt Local Government Area. Hence, the null hypothesis two is retained at 0.05 level of significance.

Hypothesis 3: There is no significant difference in the risk factors of bullying and victimization as perceived by male and female pupils with communication disorder in public primary schools in Port Harcourt Local Government Area.

Table 7: Summary of independent t-test analysis on the difference in the risk factors of bullying and victimization as perceived by male and female pupils with communication disorder in public primary schools in Port Harcourt Local Government Area

Respondents	n	$\bar{x}$	SD	df	t_{cal}	t_{tab}	Sig.	Decision
Male	97	15.08	3.00	184	0.58	1.96	0.57	Retain: H_{O3}
Female	89	15.33	2.74					

Table 7 indicates that $t_{cal} = 0.58$, df = 184, and $t_{tab} = 1.96$. Therefore, since $t_{cal} < t_{tab}$ and P>0.05, then there is no significant difference in the risk factors of bullying and victimization as perceived by male and female pupils with communication disorder in public primary schools in Port Harcourt Local Government Area. Hence, the null hypothesis three is retained at 0.05 level of significance.

Discussion of Findings

The study investigated bullying and victimization of children with communication disorder in public primary schools in Port Harcourt Local Government Area of Rivers State. However, the result in table 4.2 shows that the prevalence of bullying and victimization among young children with communication disorder in public primary schools in Port Harcourt Local Government Area is to a high extent. Also, the result of table 7 shows that there is no significant difference in the prevalence of bullying and victimization among male and female pupils with communication disorder in public primary schools in Port Harcourt Local Government Area. This finding is in agreement with the study conducted by Yude and his colleagues (2008) that children with hemiplegia were significantly more victimized than the matched controls, with 45% of children with hemiplegia being moderately or severely victimized compared to 13% of the matched controls.

The result in table 4.3 indicated that the nature of bullying and victimizations among young children with communication disorder in public primary schools in Port Harcourt Local Government Area exist to a high extent. While, the result of table 4.7 showed that there is no significant difference in the nature of bullying and victimizations as perceived by male and female pupils with communication disorder in public primary schools in Port Harcourt Local Government Area. This finding is corroborated by Meltzer, Vostanis, Ford, Bebbington, and Dennis (2011). Their finding indicated that physical and sexual abuse experienced in the home increases the vulnerability to peer victimization in the school environment.

Furthermore, the result in table 4.4 indicated that the risk factors of bullying and victimization among young children with communication disorder in public primary schools in Port Harcourt Local Government Area exist to a high extent. While the result of table 4.8 indicates that there is no significant difference in the risk factors of bullying and victimization as perceived by male and female pupils with communication disorder in public primary schools in Port Harcourt Local Government Area. This finding is corroborated by Card and Hodges (2008) victims of bullying have shown certain characteristics that indicate an increased risk of victimization, such as social isolation, low levels of prosocial and socially skilled behaviors, and physical weakness. Also, supporting this finding is the view of Vaughn et al. (2010), which noted that the most prevalent disorders seen are antisocial personality disorders, bipolar disorders, major depressive disorders, attention deficit disorders, conduct disorders, paranoid personality disorders, and histrionic personality disorders.

Finally, table 4.5 shows that gender influence to a high extent the prevalence of bullying and victimization among children with communication disorder in Port Harcourt Local Government Area. This finding is corroborated by Owens et al., (2005). They noted that while non-physical bullying is more common than the physical form in both girls and boys, girls are more likely to be victims of indirect and relational bullying than physical bullying.

Conclusions

The results reveals that the there is a high extent of prevalence of bullying and victimization among young children with communication disorder in public primary schools in Port Harcourt Local Government Area, and the difference in the prevalence of bullying and victimization among male and female pupils with communication disorder in public primary schools in Port Harcourt Local Government Area is not significant.

Recommendations

Based on the findings of the study the following recommendations were raise.

1. Government should provide health care delivery system in public schools for children with communication disorder to reduce the prevalence of bullying and victimization.

2. Social welfare and education care givers could be provided by the government for children with communication disorder in public schools to reduce the nature of bullying and victimization being perpetuated in public schools.

3. Schools administrators need to be vigilant in identifying lower levels of bullying and victimization that may still have detrimental effects on children with communication disorder to reduce the risk factor associated with victims of bullying and victimization.

4. Policies promoting the enhancement of social conditions for young children with communication disorder should be formulated and implemented to minimize the ugly menace of bullying and victimization in the public education system.

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